

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585273

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5		2		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
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11		0		/		
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32	/	0	/	0		
33		/		/		
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36		/		/		
37		4		/		
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48				/		
49				/		
50				/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	34	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						